



Suicide Prevention

FY 2020, Q1-Q2 Update

Goal Leader:

Dr. David Carroll - Executive Director, Office of Mental Health and Suicide Prevention

Deputy Goal Leader:

Dr. Matthew A. Miller - Director - Suicide Prevention, Office of Mental Health and Suicide Prevention

Overview

Goal Statement:

Through Clinical and Community strategies, VHA will proactively identify and provide interventions for at-risk Veterans, both those using VHA care and those using other care systems, to prevent suicide and overdose death.

- Clinical Goals:
 - By September 30, 2021, VA will increase implementation of Safety Planning in the Emergency Department (SPED), to ensure completion of safety planning for eligible Veterans in the ED/Urgent Care Center (UCC) from a baseline of 34% to 90%.
 - By September 30, 2021, the percent of Veterans targeted through predictive modeling algorithms (REACH VET) within the VHA system will reach 95% across the four required metrics (Coordinator Accepted; Provider Accepted; Care Evaluation; Outreach Attempted).
- Community Goals:
 - By September 30, 2021, VA will partner with Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) to develop statewide plans in 28 or more additional States or territories in a “Governor’s Challenge” to end Veteran suicide outside the VHA system (compared to the FY19 baseline of 7 states).

Overview

Challenge:

- While evidence-based interventions reduce the likelihood of suicide, they must reach those at risk to be effective.

Opportunities:

- **Reaching Veterans within VHA:** VA is using advanced analytics (REACH VET) combined with clinical interventions to identify people most likely in need of preventive intervention and connect them with services. Additionally, VHA is implementing evidence-based strategies to treat Veterans at high risk for suicide in the ED/UCC (Safety Planning in the Emergency Department (SPED) program).
- **Reaching Veterans in the Community:** Partnering with Health and Human Services/SAMHSA and 24 cities through the Mayor's Challenge and 7 states in the Governor's Challenge, VA is working collaboratively with local and state governments and communities to develop community action plans to end Veteran suicide.

Leadership & Implementation Team

Oversight and Program Management

Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention (OMHSP)
Dr. Matthew A. Miller, Director for Suicide Prevention, OMHSP

Data and Milestones Leads

Implementation Leads

Internal (Clinical) Milestones Lead
Dr. Jodie Trafton, OMHSP

Data Lead
Dr. Gloria Workman, OMHSP

External (Community) Milestones Lead
Juliana Hallows, OMHSP

REACH VET and SPED Leads (Clinical)
Dr. Bridget Matarazzo and Dr. Kaily Clark, OMHSP

Governor Challenge Lead (Community)
Ms. Andrea Le, OMHSP

Goal Structure & Strategies: Clinical Strategies (within VHA)

- **Safety Planning in the Emergency Department (SPED)** combines safety planning interventions with follow-up phone calls after discharge from ED/UCC
 - Research has shown significant reduction in suicidal behaviors as a result of the intervention.
- **Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET)** identifies patients at statistical risk of death by suicide in the next month.
 - Patients identified as within the top risk tier at their facility based on the REACH VET model are expected to receive a care review and outreach intervention from a personally assigned care provider

Goal Structure & Strategies: Community Strategies (outside VA)

- **Governor's Challenges (in partnership with SAMHSA)** develop community strategic action plans that can be implemented at the local level to end Veteran suicide, reaching the 11/17 Veterans outside of VHA care.
 - Integrates Veteran suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role in supporting suicide prevention activities.
 - Establishes effective, sustainable, and collaborative suicide prevention programs for Veterans at the national, state/territorial, tribal, and local levels.
 - Pursues and sustains public-private partnerships to advance Veterans suicide prevention.
 - Develops, implements, and evaluates communication efforts designed to reach Veterans.

Summary of Progress from FY2020 Q1 and Q2

Clinical Strategies

- SPED:
 - Increased from 48.6% (FY2020 Q1) to 50.8% (FY2020 Q2) on safety plans completed in the Emergency Department
- REACH-VET: Since FY20Q1, national performance metrics have:
 - Increased from 98.6% (FY2020 Q1) to 99.8% (FY2020 Q2) on Coordinator Accepted
 - Increased from 93.2% (FY2020 Q1) to 96.7% (FY2020 Q2) on Provider Accepted
 - Increased from 90.8% (FY2020 Q1) to 95.2% (FY2020 Q2) on Care Evaluation
 - Increased from 89.3% (FY2020 Q1) to 94.2% (FY2020 Q2) on Outreach Attempts

Community Strategies

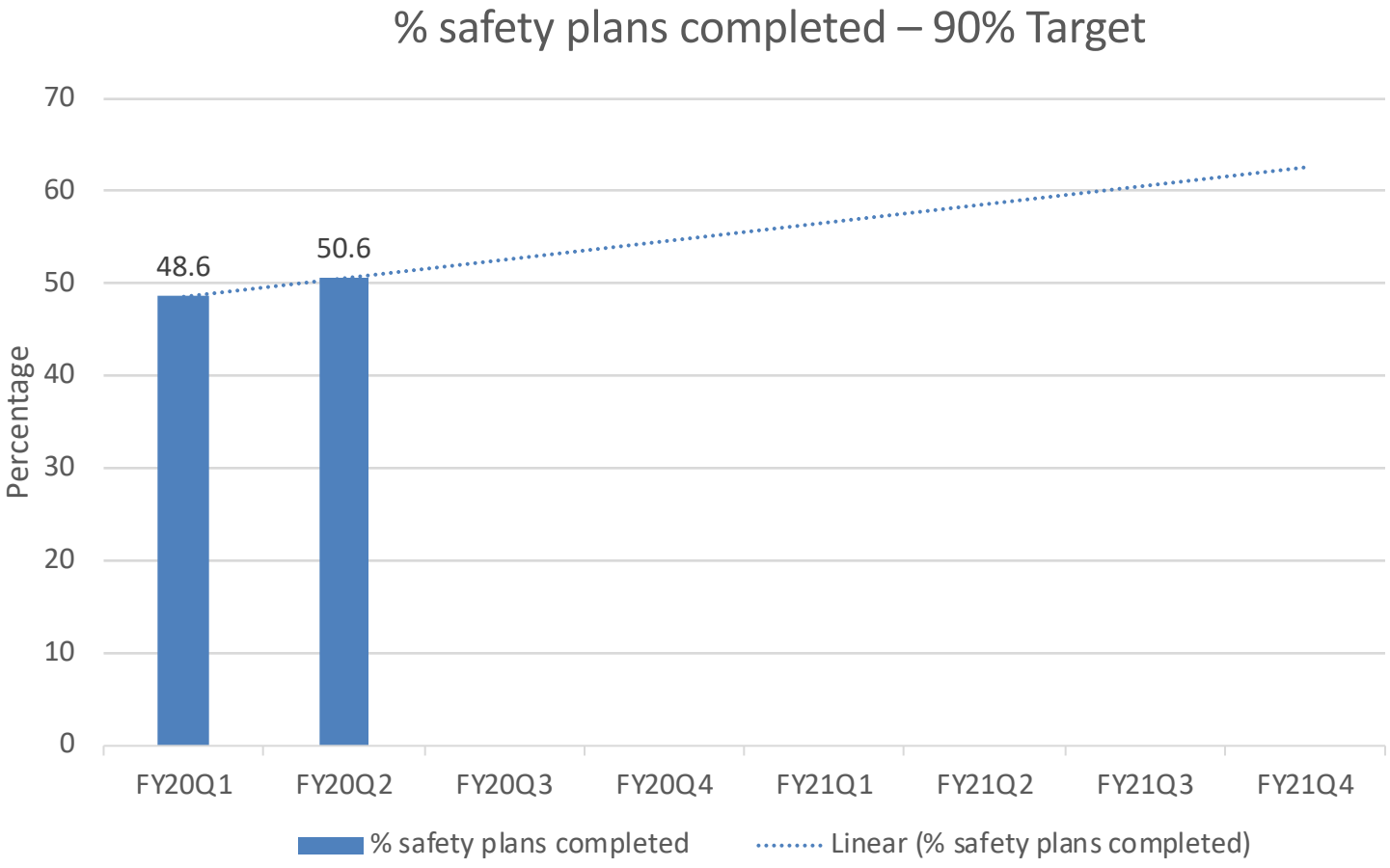
- Governor's Challenges:
 - At the end of FY19, 7 states were engaged in Governor's Challenges
 - Six additional states have joined the Governor's Challenge since FY2020 Q1, for a total of 13 states

Key Milestones (Clinical Strategy - SPED)

Increase implementation of Safety Planning in the Emergency Department, to ensure completion of safety planning for eligible Veterans in the ED/UCC

Milestone Summary					
Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Owner	Comments
Identify local champion at each Health Care System (HCS) for implementation of SPED	FY2020 Q1	Complete			100% of Health Care Systems with an ED/UCC have identified a SPED POC.
Implement monthly reporting to all Veterans Integrated Service Networks (VISNs) for increased accountability on safety planning development	FY2020 Q2	In Progress			Metrics have been finalized. SOP for reporting to VISNs has been finalized, with concurrence from SPP and Emergency Medicine. Reporting to start first week of May.
Implement targeted Technical Assistance (TA) for sites performing below national targets in 3 consecutive months	FY2020 Q2	In Progress			National target is being discussed now that metrics are finalized. TA will be offered in all VISN communications.
Implement national note templates to assist in post-ED follow-up contact documentation and tracking	FY2020 Q3	Complete			Suicide Risk Management Follow-Up note was required for installation at facilities nationwide by 4/9/20.
Increase the percentage of Veterans who are eligible for SPED that receive a Safety Plan while in the ED to 90%	FY2021 Q4				

Key Indicators – (Clinical Strategy – SPED)



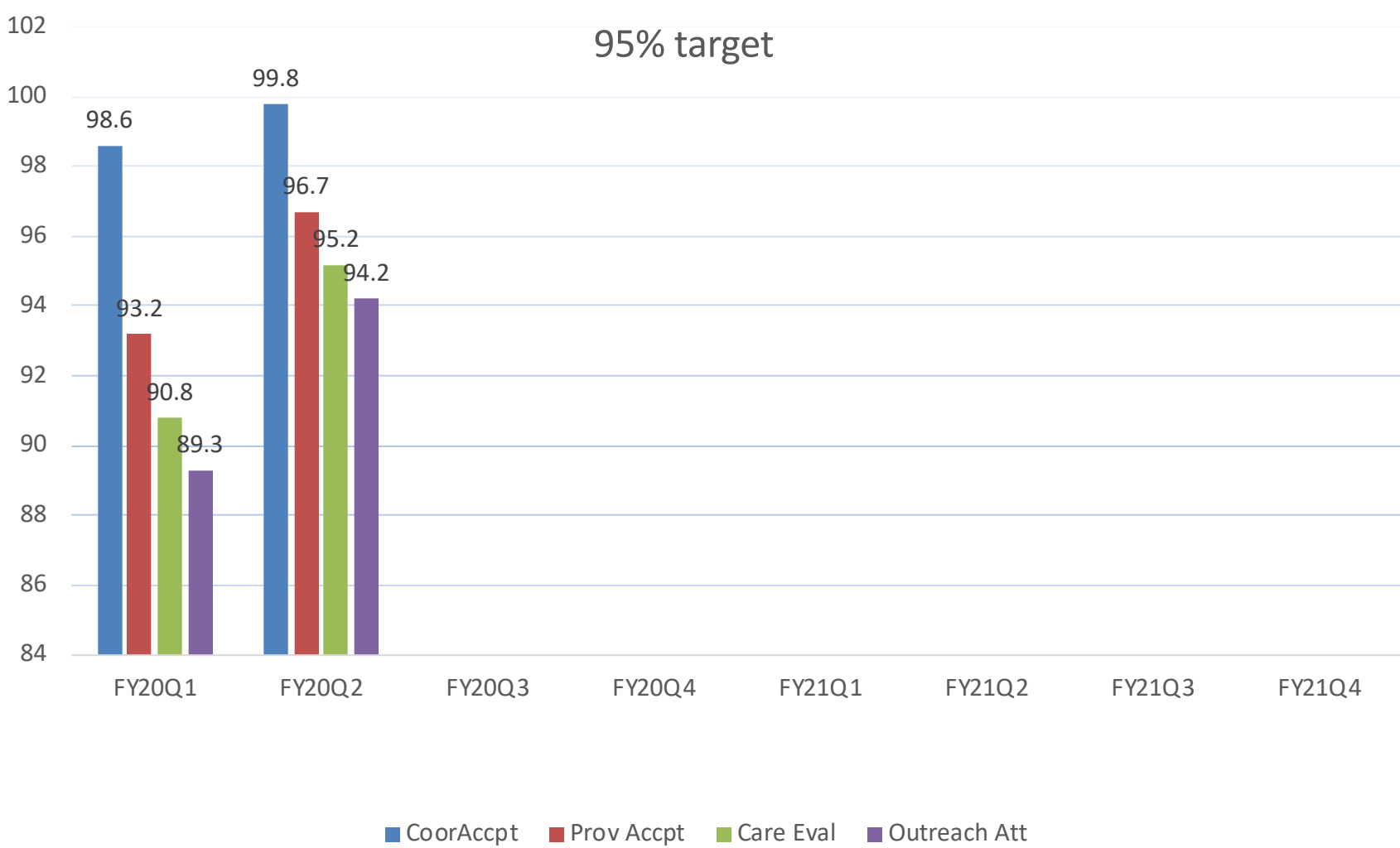
Key Milestones (Clinical Strategy – REACH-VET)

Increase the percent of Veterans targeted through predictive modeling algorithms within the VHA system that are successfully reached through REACH VET

Milestone Summary

Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Owner	Comments
Implement monthly push reporting to all VISNs for increased accountability	FY2020 Q1	Complete			
Offer intensive TA consultation for sites performing below national targets 3 months in a row	FY2020 Q1	Complete			
Update REACH-VET model and decision support to run at sites with the Cerner medical record.	FY2020 Q3	In progress			
Optimize REACH-VET model to improve identification of Veterans at near-term risk of suicide, potentially through additions of new candidate predictors, subgroup analysis, and/or advancement of statistical methods.	FY2020 Q4	In progress			

Key Indicators – (Clinical Strategy – REACH VET)



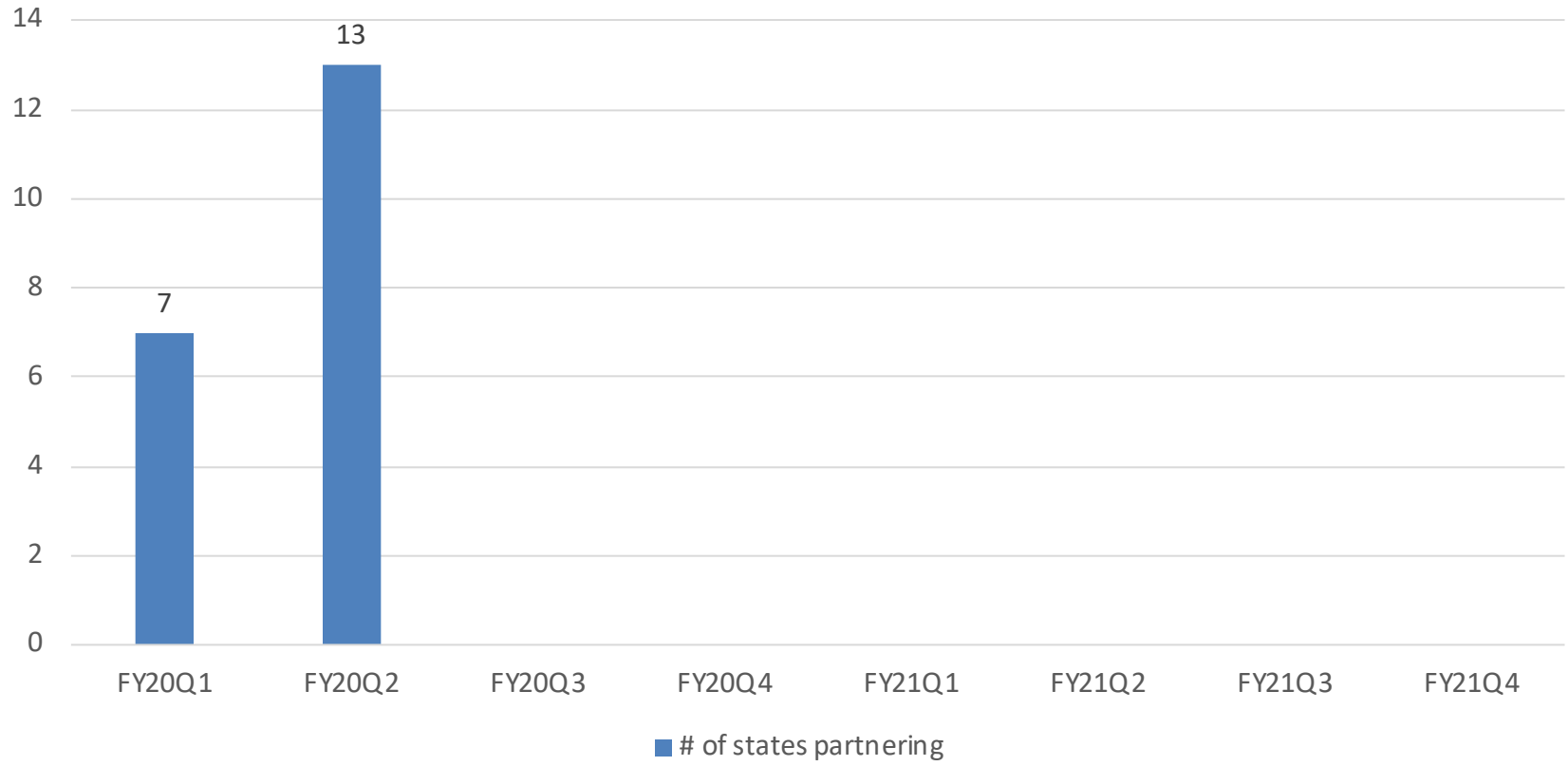
Key Milestones (Community Strategy- Governor’s Challenge)

Expand the Governor’s Challenge to 28 states, developing localized community strategic action plans that can be implemented to end Veteran suicide for all Veterans.

Milestone Summary					
Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Owner	Comments
Identify 28 new states to join the Governor’s Challenges	FY2020 Q1	Complete			Identified 28 States to invite to participate in the Governor’s Challenge.
Issue invitation to first 14 new states to join the Governor’s Challenges	FY2020 Q1	Complete			Invitations sent via email on 12/4/2019.
Issue invitation to second 14 states to join the Governor’s Challenges	FY2020 Q2	Complete			Invitations sent via email on 1/10/2020. 21 states accepted invitations; 7 declined.
Conduct Policy Academy for first group (7) of the 14 initial invited states	FY2020 Q2	Complete			First Policy Academy took place February 25-27, 2020; 6 completed, 1 state declined.
Conduct Policy Academy for second group (7) of the 14 initial invited states	FY2020 Q3	On-track			
Conduct Policy Academy for third group (7) of the second set of 14 invited states	FY2020 Q3	On-track			
Conduct Policy Academy for fourth group (7) of the second set of invited states	FY2020 Q3	On-track			

Key Indicators – (Community Strategy - Governor’s Challenge)

of States Partnering as part of the Governors Challenge



Data Accuracy and Reliability

- Data on whether targeted patient populations receive recommended interventions are based on data elements within the VA Corporate Data Warehouse. Data is limited by accuracy and completeness of clinical coding.
- High risk patients are identified using predictive models developed on VA data. Information on the validation and limitations of these models have been published (Kessler et al., 2017; McCarthy et al., 2015; Oliva et al., 2017)

• Additional Information

Contributing Programs

Organizations:

- States participating in the Governor's Challenge

Policies:

- VHA Handbook 1160, Uniform Mental Health Services

Other Federal Activities:

- Health and Human Services/SAMHSA

Stakeholder / Congressional Consultations

- Congressional consultations
- The Veteran
- Veteran Service Organizations
- Community Partners